PEER PRESSURE AND ITS INFLUENCE ON THE ADOLESCENT SUBSTANCE ABUSER

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ABSTRACT

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PEER PRESSURE AND ITS INFLUENCE ON THE ADOLESCENT SUBSTANCE ABUSER

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A review of the related literature revealed a scarcity of empirical social work studies measuring the impact of peer pressure and its influence on the adolescent substance abuser.

The purpose of this study was to determine if there was a relationship between peer pressure and adolescent substance abuse.

The Cross-Sectional Survey research design was used in the study. A convenience non probability sample was used to test the null hypothesis that there was no relationship between peer pressure and adolescent substance abuse. The sample was comprised of fifteen (15) females and eleven (11) males from a local high school and eight (8) females and twelve (12) males from a local church. A self-report questionnaire was administered to a total of forty-seven (47)

subjects between the ages of thirteen (13) and seventeen (17). The results of the study revealed that the null hypothesis: There was no relationship between peer pressure and adolescent substance abuse was accepted at .05 level of significance. This finding was quite surprising and may be attributed to the small sample size, thus caution is suggested when making generalizations.

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INTRODUCTION

Drug use may have begun as early as 4000-7000 B.C. with the use and cultivation of opium poppies (Berjot, 1970; Brown, 1961; Maurer and Vogel, 1973). It is likely that recreational use and abuse of opium also began about this time where cultivation increased availability. The variety of drugs used for recreational purposes and abuse has changed throughout the years in accordance with shifting societal standards and sanctions. But drug abuse has a long history.

In recent years there has been a growing data base that indicates that substance-abuse is a serious problem among young people and that many grow up with substance abusing parents and peers. Sbriglio et al. (1987, p. 915) in the article "Drug and Alcohol Abuse In Children and Adolescents" states: "Substance-abuse has become one of the leading causes of morbidity and mortality in youthful populations in Western society. Abuse patterns cross socio-economic and cultural boundaries, and the drug of abuse include alcohol and

sedative-hypnotics, cannabis, the psychedelics, inhalants, narcotics, and stimulants, especially cocaine, alone or in sometimes bewildering combinations." Drug use, abuse, and dependence are prevalent problems in American society.

Today substance abuse has become a national epidemic, cutting through any and all social, psychological, and economic differences.

Drug use is "housebroken" it's tolerated by many, condemned by some, profitable to a few, but illicit drug use has found a niche in our cultural. High school and college students may have some appreciation of the transition period they have lived through, but for many, drugs are like sex: something that agitates their parents, upsets their teachers, but is to be enjoyed mostly in a low-keyed way Ray (1983). It should be clear that the drug use of the sixties and seventies changed our society, and that the social milieu in those years influenced our patterns of drug use.

Recognizing that substance abuse is a serious problem among young people, Ray (1983) states: One fact that must be understood is that drug taking is behavior. As such it follows the same rules and

principles as any other behavior. The most basic principle is that behavior persists when it either increases the individual's pleasure or reduces his discomfort. The primary point, again, is that drug taking behavior is not unique, it is like any other behavior. An appreciation of this goes a long way toward taking a rational look at current drug use.

Drug taking like other behavior is the result of a complex interaction of past experiences and present environment. It is possible to group some individuals together because of a commonality of history and environment and to predict whether or not they will probably use drugs as well as which class of drugs they will probably use, Ray (1983).

The need to examine the cognitive development of adolescence, reveals that the major cognitive task of adolescence is the mastery of thought, Piaget (1967). Cognitive factors seem to be the major determinant of human sexual motivation, arousal and behavior. Since psychoactive agents have their primary effect on cognitive processes, it is reasonable that these drugs would alter aspects of sexual desire and activity, Ray (1983). Adolescence marks the emergence of formal operations thoughts, Piaget (1967) whereby one acquires

the ability to arrive at logical propositions and to analyze complex multiple variables. Not all adolescents arrive at this state, either because of their limited abilities or the cultural norms of their reference group, Cogner (1973).

Substance abuse can no longer be tolerated as "housebroken" because of the major social and public health implications it has for our youth. Today it must be examined as it effects our adolescents and youth.

Statement of the Problem

Almost every adolescent has a need of acceptance by others of their age. Everybody wants to be in the "in" crowd nobody wants to be left out.

It is during adolescence that a young person goes from "belonging" in the family, to "belonging" in the wider world of one's peers is critically important to personal and social development, Eulick et al. (1971). The adolescent struggles for independence verbalizing vehemently his protest against the protective ruling of the adult group, Josselyn (1952). Every generation of young people has experienced this need in some way. But some young people seem to have a greater need for the reassurance or sense of identity that acceptance by their peers provides. According to Schuster and Ashburn (1980) adolescence is used to identify the period of transition from childhood to adulthood. The adolescent mind is essentially a mind of moratorium a psychosocial stage between childhood and adulthood and between the morality learned by the child, and the ethics to be developed by the adult, Erikson (1963).

An adolescent will experiment with drugs because (1) it is a recognized ritual of the group, (2) a

belief that it increases ones popularity and (3) assuages feeling of inferiority. No longer is the family, or in some cases, the extended family, their only reference point. Each of these new contacts brings other norms, values and goals into the experience of children. Some will be similar to their own; others will be very different, and as the circle of reference groups enlarges so will the range of norms to which they will be exposed, Sheppard et al. (1985).

In every community there is at least one boy or girl that has experimented with a drug and is ready to encourage others to do the same, and the pressure is not from a group but a special friend, Eulick et al. (1971).

Some individuals feel compelled to use drugs as a way of life--a way to shut out the real world or enter a world of unreality. The pressures of modern society contribute to the drug abuse problem so do its material advantages among those youngsters and others who do not have to struggle for the essentials of life, some may turn to drugs for excitement. It seems that they have learned how to use their minds, but not how to develop and enjoy their senses without artificial stimulation, American Medical Association (1972). Girls that have

been lead to believe that having and keeping a boyfriend is a social necessity, and may be especially vulnerable. They may use drugs or at least try them in order to hold onto a relationship that provides status Eulick, et al. (1971).

It is during adolescence that the formulation of the identity occurs. Erikson (1963) identifies significant events and social influences that the adolescent grapples with and states: The key social agent is the society of peers.

Adolescence is a relatively recent historical phenomena. Before the industrial revolution, people who were biologically no longer children simply entered adulthood, without a buffer period in which to make the necessary adaptations, Goldenberg (1977). For the most part adolescence view friends who are at the same stage of development as a buffer between the world of children and that of adults. Having a best friend is sometimes crucial in helping the young person find an identity. Ausuble et al. (1977), p. 130) explains: "The peer group reduces the total load of frustration and stabilizes the entire transitional period".

It can offer compensations not only for the deprivations associated with adolescence per se, but

also for the special deprivation that confront certain adolescents by virtue of their class, ethnic, racial or religious affiliation. This function of the peer group is especially significant in assessing the minority group adolescent.

Again it is of great importance to understand that both parents and peers can have strong influences on adolescents.

Kandel (1985) provides a perspective on the issue of peer influence. Peers have been identified as one of the most important factors in the use of legal and illegal drugs by adolescents: "...Adolescent drug use represents one area of adolescents' life subject to strong peer influence, however, and a behavior uniquely suited to the study of the role of peer influence and friendships in adolescence."

This research can facilitate better understanding of the identify confusion and transition that the adolescent finds himself in and the negative peer pressure that he finds himself with. Negative peer pressure is a problem that this research study is addressing for adolescent substance abusers.

Significance/Purpose of the Study

Adolescent substance abusers have generally been categorized or seen as an extension of the child and adult population within the literature. The adolescent substance abuser must be recognized as a distinct and separate entity which the literature must address in efforts to understand the complexity of this population.

The purpose of this study is to enhance the knowledge base of social workers and especially practitioners whose clinical practice is primarily involved with the adolescent; to expound their knowledge base of the adolescent substance abuser and the primary characteristics that contribute to this behavior.

Previous research studies provide support and lend direction for the clinical social worker to concentrate on effective preventive and interventive strategies that significantly impact on the adolescent substance abuser population. In a similar fashion this research project purports to build upon the previous research studies and provide scientific knowledge for the clinical social work profession.

Additional research data must be gathered and documented by social workers and social work students to enable them to make a constructive and valuable contribution to the social work literature.

CHAPTER II

Review of Literature

Drug use, abuse, and dependence are prevalent problems in our society. The prevalence and type of drug dependence vary over time and across social systems. It would seem, according to Pollin (1981) that substance abuse represents a major social and public health problem and unless we change the situation we will loose an entire generation.

Dohner (1972) described several corollary motives for initiating drug use: peer pressure, instant achievement, psychological support, rebellion, and aphrodisiac effects. Social factors relating to the etiology of drug abuse are numerous.

The World Health Organization (1974) listed a number of social central factors related to increased incidence of substance abuse: broken homes, little parental guidance, marginal social status, transience, war, and rapid socio-cultural changes. Chronic unemployment and low educational levels may be considered social risk factors for drug use, but these are correlational, not causal.

Milby (1981a) listed common patterns of behavior for the beginning and maintenance phases of drug dependence. Abuse usually begins with curiosity, excitement, peer pressure, or a prescription. Next, dose size, frequency, tolerance and psychological dependence increase due to the reinforcing effects of pleasure and social-peer approval.

Adolescence is perhaps the most confusing, frustrating and fascinating phase of human development. During the sometimes smooth and sometimes turbulent passage from childhood to adulthood, the adolescent must accomplish a complex of developmental task.

Developmental Perspective:

These task include separation from parents and the establishment of a self separate from family (Blos, 1979; Blotcky and Looney, 1980); formation of a stable and irreversible sexual identity Erikson (1968); the stabilization of character structure Bryant (1979); the development of a time perspective Buhler, (1968); and the commitment to a set of life goals involving vocation and autonomy (Erikson, 1968; Medley, 1980).

The primary task confronting every adolescent according to Nicholi (1988) involves the integration of

the many physical, emotional, and intellectual changes that occur during these years into a sufficiently clear and comfortable inner definition that facilitates the completion of the painful and lonely separation from parents.

The concept of identity provides a framework for understanding many aspects of adolescent behavior. The developmental theory will be useful in conceptualizing various dimensions of adolescents behavior and experience. Developmental theory is needed to understand both the behavioral repertoire of the growing child at each phase of development and the likelihood that certain events will be experienced as reinforcing.

During an era of unprecedented leisure time and prosperity, drugs are destroying the minds and bodies of our youth. Millions of adolescents used psychoactive drugs to alter their feelings and to escape their environment (Johnston, et al., 1981; Kandel, et al., 1968; Nicoli, 1983).

Brunstetter and Silver (1985) presents this caution: one must be conscious of the psychosocial process of adolescent stage of development, which may

be conceptualized in terms of the need to address three major task:

(1) moving from a dependent to an independent person;

(2) establishing an identity;

(3) learning to relate to an adult, referred to as intimacy.

Each task is addressed in adolescence. Erikson's (1968) concepts of "ego identity", "Identity crisis" and "identity confusion", shed light on the adolescent's struggle toward self-definition and maturity. The identity formation results from a continuing process of individualization of the self from others, from a reworking of rigid parts of the introjected archaic superego, and from the establishment of a reality-based-self system that is a source of validation and satisfaction.

Identity is a synthesis, a whole that is greater than the sum of its parts. Erikson's (1968) concept of identity diffusion, negative identity and psychosocial moratorium are helpful especially in understanding adjustment reactions occurring in late adolescence. Erikson's notion of identity seems to have at the same time an internal and an external frame of reference. Internally, it relates to the integration of the self;

externally, it relates to those aspects of social and cultural organization by which the individual is accepted into and becomes a functioning part of his society and culture. This second developmental task of adolescence is crucial for clinical social work practitioners to understand and accept. The total developmental process that began at birth culminated in an identity in each person.

Parental Perspective:

Recent studies have shown that the transition from parental influence to peer influence is occurring at an increasingly early age in the United States, Bronfenbrenner (1970). Thus parents no longer serve as models and guides of behavior to the same extent they did a generation ago. Relationships with parents and other adults may thereafter alternate between great emotional warmth and cooperation and open defiance and rebelliousness.

During the 1970's when drug abuse and other forms of adolescent problem behavior were beginning to be viewed as symptoms of a deeper crisis among the nations youth, a number of investigators tried to clarify our empirical understanding of the factors leading both to

initial and excessive use of substances among youth and to adolescent problem behavior generally.

The literature based on these studies commonly referred to as correlate research--is so vast that only a portion of it could be reviewed for this research. Although caution should be used in drawing sweeping conclusions from a review of studies based on such a wide range of data and methods, it is possible to examine the literature as a whole and find in it continuity and coherence. Despite the use of different measures, different populations, and different study methods in the studies that were reviewed, certain results recur consistently.

The growing body of research into drug abuse correlates and suggest some consistent patterns, and there is beginning to be a consensus among prevention theorists that can help us to understand, predict, and prevent problem behavior among adolescents, (Robins, et al., 1977; Robins, 1978). Problem behavior among youth almost always appear to be associated with a broader set of variables that subsume the correlater of problem behavior summarized above.

Studies examining the family structure of drug dependent individuals have revealed an excessive

dependency on their families (Chein et al., 1964; O'Donnell, 1969). Vaillant (1966) found that mothers of drug abusers or addicts fostered dependence since addicts often lived with their mothers until around age 30. Schwartzman (1975) noted that the addict may serve an important role in the family, that is allowing the family to focus on the addict's problem to the exclusion of other family dysfunction. Children from drug abusing families are at high risk for drug abuse Millman (1978).

Stanton (1979), who reviewed the body of literature on the family and treatment and substance abuse, pointed out the prototypic family structure in which drug abuse exists is one in which one parent, usually the opposite sex parent, is unduly involved with an abuser while the same sex parent is more punitive, distant and/or absent. Drug abuse therefore becomes a pseudo-individuation. In mid-adolescence the influence of parents begins to wane.

Adolescent drug users though not necessarily alienated from their parents do not report having good relationships with them nor do they see their parents as important sources of help and advice, Alder and Lotecka (1973). Negative adolescent-parental

relationships and a low degree of supportive interactions with parents were found to be associated with drug use, Tuder et al. (1980).

Adolescents growing up in the Post-Vietnam world of the 1980's experience different social and cultural standards than did their parents.

Utech and Hoving (1969) and Curtis (1974) find parents decrease as reference sources as children grow older. While both report decreases in conformity to parents, only Utech and Hoving report increasing conformity to peers. Curtis indicates that respect for the advise and directions given by friends did not increase.

This difference in findings may be clarified in several ways. Parental influence is strongest with regards to moral and social values, vocational choice, and educational plans, Cooper et al. (1977). Further Stone et al. (1979) point out that some youth are more parent-oriented while others are more peer-oriented, and that choices with respect to drug use may differ according to those orientations. Indeed Jessor and Jessor (1977), Kandel et al. (1975), and Lassey and Carolson (1980) have all documented that the degree of emotional closeness between parents and their children

is a factor in drug use. Values consensus between parents and youth has also been noted by Jessor and Jessor (1977). For example, youth who are alienated from their parents who oppose use and who are at the same time friends with peers who favor use are more likely to use drugs and alcohol (Edelbroch, 1980; Jessor and Jessor, 1977; Kandel, 1985).

As the adolescent substance abuser struggles for independence and begins to formulate his identity, he frequently reconstructs his parents behavior. Goodwin (1984) found that children of alcoholic parents, especially alcoholic fathers appear to have a genetic and familial predisposition to become alcoholic.

A different tack has been taken by Glynn (1981) to explain adolescent drinking patterns; knowledge of parental drinking patterns was the single most important factor. Others have also found parental drinking behavior to be a strong factor in influencing adolescent initiation into alcohol use (Annis, 1974); Braucht et al., 1973; Chein et al., 1964; Gorsuch and Butler, 1976; Rosenberg, 1969; Smart and Fejer, 1972).

Kandel (1978) found parental influences on adolescent marijuana use to be extremely small. What parental influence was found appeared to be based on

parental attitudes and closeness of relationships with their children. Studies supporting the notion that positive parent-child relationships influence marijuana use include (Burkett and Jensen, 1975; Jessor et al., 1973; Tec, 1974).

It is important to recognize that it is family that provides the foundation of an adolescents thinking which in turn dictates his behavior; ...while parent-oriented youth are more at risk if their parents are users according to Hebeisin and Hedin (1981, p. 44). Parental influence may have a longer lasting impact than the influence of a friend made at a particular point in time, Kandel (1985).

Peer Perspective:

One must be cognitive of the fact that the peer group is often in conflict with parental values, an adolescent today finds it difficult to ascertain the behavior that is expected of him and thus suffers a kind of culture shock with his own culture.

The adolescent will attempt to cope with feelings of confusion, loneliness and isolation by establishing relationships with non family adults and peers for support, guidance, and identification. Previously in

most instances the adolescent received the aforementioned experiences from his parents. Intense attachments or "crushes" may be formed with teachers, coaches, and older students, and not infrequently in fantasy with celebrities.

Relationships with peers of the same sex take on special significance during these years, providing support needed for establishing independence from the family. Acceptance by the peer group is enormously important, and the individual will take great pains to conform to the musical tastes, language, dress and other customs of adolescent culture.

In recent years, powerful social factors have combined to provide a range of problem behavior among youth that is a source of even greater concern. The epidemic of youthful drug and alcohol abuse that began in the 1960's and continues into the present is an especially alarming manifestation of this trend.

Peer influence may be an effective means of preventing drug abuse. Peer-group strategies are certainly not the only effective approach to drug abuse prevention, and peer influence is not the only factor associated with drug problems among youth. By viewing the wider context of adolescent drug abuse other

problem behavior such as: Dropping out of school, truancy, running away from home, theft, teenage pregnancy, and mental health problems may be decreased.

For many youth, Mitchell (1975) experimentation with alcohol and drugs represents a push toward independence and adulthood. The almost universal presence of peer-group conformity can be understood from several perspectives. Developmentally, adolescents derive progressively less protection and information from their parents, while at the same time they are receiving increasing support from and choosing more interactions with their peers. For example, Clark et al. (1975) documented a shift toward friends as an information source about drugs from seventh grade on.

Theoreticians note that youth are not influenced equally by peers in all areas of life. Teenagers most strongly influence each other regarding dress and appearance, choice of leisure time activities, language and use of alcohol and drugs, Hedin and Simon, (1980). Stone et al. (1979) point out that some youth are more peer-oriented, and that choices with respect to drug use may differ according to those orientations.

Youth are more at risk if people in their dominant reference group use substances and less at risk if the

group is comprised of nonusers. Peers not only influence each other negatively by manipulation and coercion, but also positively by offering advice, support, and the opportunity to discuss conflicting points of view (Kiesler and Kiesler, 1969; Shute, 1975). In the peer group, attitudes, values, parental behavior, the school, and society are discussed, judged and mediated.

Teenagers are influenced by their desire to conform to both stated and unstated group expectations. The way in which peer influence implies youth toward or away from drug experimentation is complex but undeniably important.

In mid-adolescence the influence of parents begins to wane and peer influence takes on increased significance. Peer influence in normal, healthy adolescent development should alert us to the need for particular attention to peer influence in any discussion of problem behavior among adolescents.

Lamb (1982) asserts that during adolescence, when parents and children often have difficulty communicating about emotionally laden issues such as sexuality and the use of recreational drugs, and friends of both sexes prove fickle and unpredictable,

siblings provide the most reliable and consistently supportive relationship.

Needle et al. (1986) suggest that siblings represents a special category of peer influence, particularly in terms of being a source of drugs and social learning. Siblings can provide reliable and supportive relationships during adolescent years, often characterized by difficulties between parents and children in communicating. Cicirelli (1977) has characterized older siblings relatively close in age as the "family peer group" which he suggests is similar to nonfamily peer groups.

There has been limited research to date on the influence of older siblings, substance using attitudes and behaviors relative to parents and peers on younger siblings' patterns of drug use Needle et al. (1986). Older siblings' influence on substance use of their younger siblings is greater than parents' but less than peers' influence Penning and Barnes (1982). Research findings to date have been based on reports by adolescent respondents about their older siblings' use of substance--those data, according to Kandel (1981) may be biased.

Drug users in the 1980's embrace a constellation of attitudes and values that reflect an openness to deviant behavior...what motivates such a vast segment of our adolescent society to inhale, ingest, or inject into their bodies this wide assortment of mind altering substances? When asked this question, those who reported using marijuana daily said that they did so primarily to alter how they felt--to help cope with feelings of stress, anger, depression, frustration, or boredom, Johnston et al. (1981).

In summary, each adolescent is a unique individual who is the sum total of his life experiences. He interacts with and is acted upon by social, economic, political, parental, sibling and peer forces in his environment.

Drug abuse is not a monolithic social problem. It is but one symptomatic cell in a web of interrelated dynamics and conditions that exist in our complex society. The United States is a drug oriented culture. Many persons' physical and emotional lives are webbed to licit and illicit drugs. Manatt (1982) warns that all children are growing up in an environment that exposes them to drugs and while parents are the child's

main defense against these pressures, they are up against powerful social and economic forces.

Glynn (1981, p. 89) concluded that "the most effective family influences appear to be those that are developed in advance of adolescence. Satisfactory family relationships and climate, emotional support and moderation in the use of alcohol and influences that appear to delay or diminish adolescent initiation into drug use. These are influences that are developed over a long period of time and attempts to make up their absence by measures such as sharp increase in parental control for the adolescents' behavior may lead to increased rather than diminished drug use."

By maximizing the survival, maintenance, and healthy growth of individuals and groups, we can reduce the likelihood of problem behavior, that is so easily influenced by negative peer pressure.

Overview of the Major Theoretical Orientations

The plethora of phenomenon and variables contributing to an understanding of drug abuse have

prompted a number of theoretical formulation Milby (1981b) identified 62 different theories of drug abuse and continued perusal of the literature since then has turned up six more. Thus, to date 68 theories of drug abuse have been identified. If this is true the focus on discovering one unified theory may be futile.

It is not reasonable to expect that useful theory could account for them all.

This researcher has selected two theories to inform this empirical research i.e. (1) the Ecological perspective and (2) Developmental Theory.

The Ecological perspective in this research arises out of Germain's (1976) formulation of an ecological frame of reference. The metalojues of ecology Bateson (1972) becomes activities occurring between person and situation (between client and worker) that reflect and illustrates processes of adaptation and mutality. Germain's view is that in ecological terms, man and milieu are understood as complementary components of a system in which each continually and reciprocally shapes the other. Man and environment achieve a mutual fit through processes of adaption. Environment refers not only to the physical world but also to the

social and psychological world that man create and to which he adapts, Dubos (1965).

As one considers the multiple determinants of behavior and the multiple lines of development, it becomes increasingly necessary to have a model or a way of viewing development that is sensitive to emotional functioning and that is useful to clinical social workers in their tasks of direct observation of children's experience. Such a model is the developmental-structuralist approach, Greenspan (1985, p. 1594). It focuses on how a person organizes experiences at each stage of development.

Brunstetter and Silver (1985, p. 1610) states the total developmental process that began at birth culminates in an identity for each person. If adolescents successfully master all these tasks, they will have a healthy and positive feelings about themselves. If any tasks are not successfully mastered, this identity can be restricted or dysfunctional.

1. Adolescent: any boy or girl between the ages of 13 and 17.
2. Developmental theory: an integrated approach to developmental stages, based on the developmental-structural perspective... accommodates and is compatible with the insights and stage specific cycles of Erikson, (Greenspan, 1985).
3. Ecological Model: ecological perspective that man and milieu are complementary components of a system in which each continually and reciprocally shape the other through processes of adaption and mutality.
4. Negative Peer Pressure: strong influences of one's peers that results in harmful or destructive behavior.
5. Non-user: an adolescent that does not engage in the consumption of licit or illicit substances.
6. Peers: a person of the same social circle, rank, or standing; one's equal.
7. Peer group: a cluster of associates who know each other and who serve as a source of reference or comparison for one another. Newman (1982).
8. Peer pressure: the strong influence of one's peers.

8. Peer pressure: the strong influence of one's peers.
9. Sibling: brothers and sisters by blood, law or affectional ties.
10. Substance/drugs: any man made or natural chemical that is capable of producing a state of dependence (i.e., alcohol, marijuana, cocaine, pills, glue sniffing and crack) and could lead to social and public health problems.
11. Substance Abuse: the daily pathological use of alcohol or drugs for more than one month, resulting in impaired social and occupational functioning, Duke and Nowicki (1986).
12. Substance abuser/user: a person consuming a substance: defined by a minimal duration of use (1 month), social complications of use (such as impairment in social or occupation functioning), pathological pattern of use (such as an inability to cut down or stop use, remaining intoxicated throughout the day), Greenspan (1985).

Statement of the Hypothesis

There is no relationship between peer pressure and adolescent substance abuse. The level of significance at which the null hypothesis will be accepted is .05.

CHAPTER III

METHODOLOGY

Research Design

The research design employed in this study was the Cross-Sectional Survey Design. The structure of the design is:

C X O

The cross-sectional survey design provides data that test the degree of frequency between two quantitative variables. In this study the cross-sectional design will measure the frequency between peer pressure and adolescent substance abuse.

Research Setting

The research settings were a private high school and a baptist church in Atlanta, Georgia. There were a total of 11 adolescent males and 15 adolescent females between the ages of 13 and 17 selected from the high school. There were a total of 12 adolescent males and 08 adolescent females between the ages of 13 and 17 selected from the church. These settings were selected because they provided ethnic diversity and because they

provided a large sample of the adolescent population needed to conduct the study.

Sampling

A convenience sample was measured. A convenience sample is a non-probability sample that utilizes the most readily available subjects for use in empirical research. These consist of the individuals who are "convenient" to the researcher. They may be the first 50 people you meet on the street, in school, or church and are willing to respond to the questionnaire.

Horowitz (1981) indicates that non-probability samples are the kinds of samples in which everyone in the population does not have an equal chance of being included, or where the probability of everyone's inclusion is not known. It is usually not possible to make precise valid generalizations from these kinds of samples, although they do serve a purpose at times. The advantages of this kind of sample are: (1) they're cost effective and (2) they're time saving. A disadvantage of this type of sample is that it lacks representation of the general samples.

Data Collection Procedure (Instrumentation)

The instrument that will provide the necessary data for this research project is a self-report questionnaire developed by Johnston, O'Malley, and Bachman (1981) for the National Institute on Drug Abuse. Information from this questionnaire which measured substance-abuse was integrated with questions measuring peer pressure, taken from Smith and Jones (1970) Yorkville LSD Users Study.

The questionnaire was designed to measure: (1) consumption of various substances by adolescents, (2) the degree and prevalence of consumption, (3) perceptions of illicit drug use by friends, (4) peer influence of illicit use and (5) reasons for continued use.

The questionnaire in its entirety consisted of 31 questions, six questions on demographics, 10 substance-abuse questions, and 15 peer pressure/reasons for use questions. These test have been used several times in the past and have been proven to be highly reliable and valid.

Data Analysis

Pearson's C, the coefficient of Contingency will be used to test the significance of peer pressure and its relationship to the adolescent substance abuser.

The coefficient of contingency C, is an index of the degree of association between two variables measured at nominal level in a table larger than two-by-two. The value of the contingency coefficient ranges between 0 to +1. The closer the coefficient value to 1, the stronger the relationship and vise a versa.

CHAPTER IV

Presentation of Results

There is no relationship between peer pressure and adolescent substance abuse. Based on the results of the contingency coefficient the researcher accepts the null hypothesis; that there is no significant relationship between peer pressure and substance abuse at .05 level of significance. However, the (phi) .33 show there is a relationship but the relationship is a weak one, therefore the researcher rejects the research hypothesis.

Figure #1 The Contingency Chart Analysis of Peer Pressure and Substance Abuse.

	No Influence	Influence
Substance Abuse (problem)	16 (41)	2 (59)
Substance Abuse (no problem)	0 (0)	8 (25)

$x^2 = 3.3$ significance $P > .06$
phi = .33

Descriptive Results

Table #1 Frequency Distribution of Demographic Data

Variable		Frequency	Percent
Sex:	Male	24	51.1
	Female	23	48.9
Age:	13	7	14.9
	14	6	12.8
	15	11	23.4
	16	9	19.1
	17	14	29.8
Grade:	7th	4	8.5
	8th	9	19.1
	9th	7	14.9
	10th	12	25.5
	11th	11	23.4
	12th	4	8.5
Guardian:	Mother	6	12.8
	Father	2	4.3
	Both	37	78.7
	Other	2	4.3
Ethnic:	Black	20	42.6
	White	26	55.3
	Other	1	2.1

Table 1 (Cont.)

Frequency Distribution of Demographic Data

Variable		Frequency	Percent
Religion:	Catholic	6	12.8
	Baptist	17	36.2
	Muslim	1	2.1
	Methodist	7	14.9
	Jehovah Witness	1	2.1
	Presbyterian	5	10.6
	Other	10	21.3

The cumulative data of the demographic variables showed that the questionnaire was completed by 24 males and 23 females. Twenty of the participants were black, 26 were white and one other (oriental). Thirty seven participants resided with both parents. The sample was representative of all age groups and grade levels. The majority of the sample participants were age 15 and 17 and in grades 10 and 11. The samples' religious preference was comprised primarily of Baptist and other.

Table 2 Frequency Distribution of Substance Usage

Variable	Occasions	Frequency			Percent		
		Life time	12 mos	30 days	Life time	12 mos	30 days
Alcohol:	0	8	18	30	17.0	38.3	63.8
	1-2	17	10	9	36.2	21.3	19.1
	3-5	4	4	2	8.5	8.5	4.3
	6-9	1	3	0	2.1	6.4	0
	10-19	7	5	2	14.9	10.6	4.3
	20-39	3	2	2	6.9	4.3	4.3
	40+	7	5	2	14.9	10.6	4.3
Marijuana	0	39	40	44	83.0	83.3	93.6
	1-2	2	2	1	4.3	4.2	2.1
	3-5	2	2	0	4.3	4.2	0
	6-9	1	2	1	2.1	4.2	2.1
	10-19	1	0	0	2.1	0	0
	20-39	1	0	0	2.1	0	0
	40+	1	1	1	2.1	2.1	2.1
Cocaine:	0	47	47	47	100	100	100
	1-2	0	0	0	0	0	0
	3-5	0	0	0	0	0	0
	6-9	0	0	0	0	0	0
	10-19	0	0	0	0	0	0
	20-39	0	0	0	0	0	0
	40+	0	0	0	0	0	0
Crack	0	47	47	47	100	100	100
	1-2	0	0	0	0		
	3-5	0	0	0	0		
	6-9	0	0	0	0		
	10-19	0	0	0	0		
	20-39	0	0	0	0		
	40+	0	0	0	0		

Table 2 (cont.) Frequency Distribution of Substance Usage

Variable	Occassions	Frequency			Percent		
		Life time	12 mos	30 days	Life time	12 mos	30 days
Heroin:	0	47	47	47	100	100	100
	1-2	0	0	0	0	0	0
	3-5	0	0	0	0	0	0
	6-9	0	0	0	0	0	0
	10-19	0	0	0	0	0	0
	20-39	0	0	0	0	0	0
	40+	0	0	0	0	0	0

Table #2 depicts what substances were being used and at what prevalence level abuse was occurring. Further examination of the table shows that adolescents are more apt to indulge in the consumption of alcohol and the ingestion of marijuana. Attention should be given to the area of zero consumption. This sample group reported an alarming 100% level of zero consumption for cocaine, crack and heroin.

Table 3 Introduction/Substance Use

Variable	Frequency	Percent
Close friend (same sex)	21	44.7
Close friend (opposite sex)	3	6.4
Parent	0	0
Acquaintance	3	6.4
Other	20	42.6

Table 3 identifies that close friends of the same sex had the greatest influence on this populations introduction to substance abuse. The variable "other" had great influence on the introduction to substance abuse. They were influenced equally by close friends of the opposite sex and acquaintances. Parents had zero influence on the introduction to substance abuse.

Table 4 Substance Abuse/Use With or Without Peers

Variable	Frequency	Percentage
Alone	8	17.0
With 1 or 2 others (same sex)	12	25.5
With 1 or 2 others (opposite sex)	3	6.4
With parents	0	0
With others	24	51.1

Table 4 shows that this population abused substances with others 51.1% of the time. Also revealed that this population abused substances with others of the same sex 25.5% of the time and abused/substances alone 17% of the time. The abuse of substances with others of the opposite sex 6.4%. Parental zero level of substance abuse with parents.

CHAPTER V

Summary and Conclusions

There is no relationship between peer pressure and adolescent substance abuse, which represents the overall sample. Those participants that were engaging in the consumption of substances, others and close friends of the same sex played an important role. This is further supported by (Clark et al., 1975; Hebeisin and Hedin 1981; Hedin and Simon 1980; and Stone et al., 1979) all of whom have documented studies that youth are more at risk if people in their dominant reference group use substances and less at risk if the group is comprised of non-users.

Almost 51 percent of this population used drugs with others and 25.5 percent used drugs with close friends of the same sex and 17.7 percent used drugs alone. Parental influence was at the zero level and close friends of the opposite sex was 6.4 percent.

A number of questions are yet to be answered if a full understanding of the problem is to be known. The researcher has examined many of the processes and

variables connected to this population's substance abusing behaviors.

The results indicated in this population that parental relationships were critical in zero level of substance abuse, while others, self and same sex persons seemed to have a significant influence on the abuse of drugs.

In conclusion this data revealed that student substance abuse in American Society is a contemporary issue involving many complex factors.

Limitations of the Study

The limitations of this study are as follows:

1. Generalizations or inferences could not be made beyond this sample population.
2. The substance variables were not inclusive of all licit and illicit substances abused by adolescents.

Suggested Research Directions

Further research is indicated and should be directed toward the adolescent drug abuser with special emphasis upon ethnic specific sample groups, i.e. Blacks and Hispanics.

The family should be taken into consideration also. A closer look should be taken to determine what

role individual family members (i.e. siblings, parents, etc.) play in contributing to adolescent substance abuse.

CHAPTER VI

Implications for Social Work

This study examines some conceptual and empirical evidence for correlates of problem behavior in adolescent drug abuse in particular and draws upon developmental theory and the ecological model for analyzing factors in drug abuse which may be useful in developing specific intervention strategies to address the needs of substance abusing adolescents.

The ecological perspective provides the social worker with the opportunity to examine a number of closely related socio-cultural correlates of adolescent problem behavior. The study revealed that the role of peer influence is only one of the many factors associated with drug problems among youth, but, given its significance in normal healthy adolescent development, it is a variable that requires further empirical research. By stepping back and viewing the wider context of adolescent drug abuse and other problem behavior we can find clues to those issues that may be most important to address through peer-group strategies and programs. Social workers, without a

broader view might oversimplify or misunderstand the role of peer influence, parental influence and developmental issues that occur for adolescents, and possibly, as a consequence, to build prevention programs on a weak theoretical foundation.

As a social worker, working with the adolescent substance abuser, the social worker will encounter issues and problems that are of importance to this increasing population. The social worker must have a substantive skill and knowledge base in the areas of cognitive, emotional, social, behavioral and physiological development. This knowledge base in the area of adolescent development will provide the social worker with some insight into the overall well-being of the adolescent. When these youth whose situation suggest that their self-esteem is low, the social worker must seek creative measures for assessing the effectiveness of the social system that adolescents interacts with and that may affect how the adolescents perceive themselves.

In order for adolescents to maintain positive self-esteem, there is a need for high regard of self. This study indicates the necessity of the social worker, having knowledge in a broad spectrum of factors

relating to adolescent substance abuse, while also addressing the importance and understanding the changes that occur in adolescence. The social worker must be sensitive to the needs of adolescents who often times view themselves from a somewhat egocentric, present time orientation and personal invulnerability. This has implications for practice, in that youth, need and deserve substance abuse prevention education that is carefully planned and consistently implemented.

An additional practice implication pertains to a guiding principle for primary prevention with the families. This entails the value principle starting where the family/person is, providing concrete services, social provisions and support. There are basically two underutilized resources that could provide help in strengthening young African-American families - the school and the church. There are roles each can carry in helping families function in a manner that will reduce adolescent substance abuse. The family as the focus in primary prevention of adolescent drug abuse is a national intervention strategy and efficient approach.

The sample population for this study was drawn from two institutions a private school and a church.

The implication that this has for professional social workers who should become more involved in outreach programs with these institutions. Additionally, certain areas need further research. Attention should be given to culture - specific programs and policies.

There is a need to identify those central clinical considerations, that are part of the delivery of treatment services. These areas must be addressed in the context of recognizing the importance of adolescence as a developmental process and the implications this poses for social workers to recognize the importance of adolescence as a developmental process and the implications this poses for social workers with respect to the treatment of substance abusing youth. There is a need for social workers to recognize the importance of adolescence as a development period and the implications this poses for treatment intervention strategies.

The state of present social work knowledge, however, does not allow for a more sophisticated rendering of conceptual or theoretical models, at this time. Thus, the social work practitioner is faced with utilizing knowledge across various social science

disciplines and organizing it for use in social work treatment.

This study represents a beginning attempt to try to identify current thinking and to mobilize linkages between theories and specific treatment interventions. Much research remains and the road toward developing more effective treatment interventions for drug abusing adolescents is formidable, especially minority youth.

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APPENDICES

To: Participant

My name is Wanda Gee. I am a graduate student at Atlanta University School of Social Work. I am collecting information from students to find those factors that are associated with the use of substance abuse. I would appreciate your answering a few questions that would help with this research. It will take about 15-30 minutes of your time to answer these questions.

Please understand that your answers will be totally confidential. Your name will not appear on the questionnaire. If you have any questions regarding this study, please feel free to ask.

Your willingness to participate will be greatly appreciated. Again, I want to assure you that your participation is strictly confidential and entirely voluntary.

If you understand all the above statements and agree to participate in the study, please sign this letter below.

Thanking you in advance for your kind assistance and cooperation.

Respectfully yours,

Wanda Gee
Graduate Student

_____
signature

_____
date

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish. Your responses are confidential.

2. All of the questions should be answered by marking one of the answer spaces. If you don't always find an answer that fits exactly, use the one that comes closest.

3. Your answers will be read manually by the researcher. Please mark a distinct X on the line just before the answer you prefer. Please follow the instructions carefully.

What sex are you? (Mark an X on one line only)

_____male _____female

How old are you? (Mark an X on one line only)

_____13
_____14
_____15
_____16
_____17

What grade are you in now? (Mark an X on one line only)

_____7th grade
_____8th grade
_____9th grade (freshman)
_____10th grade (sophomore)
_____11th grade (junior)
_____12th grade (senior)

Adults in the home. (Mark an X on one line only)

_____mother
_____father
_____both
_____other

What is your religious background? (Mark an X on one line only)

_____Catholic
_____Baptist
_____Muslim
_____Methodist
_____Jehovah Witness
_____Pentacostal
_____Presbyterian
_____Other

What is your ethnic background? (Mark an X on one line only)

_____Black
_____White
_____Other_____
(please identify)

1. Have you ever smoked cigarettes?

_____Never-----GO TO QUESTION 3
_____Once or twice
_____Occasionally but not regularly
_____Regularly in the past
_____Regularly now

2. How frequently have you smoked cigarettes during the past 30 days?

_____Not at all
_____Less than one cigarette per day
_____One to five cigarettes per day
_____About one-half pack per day
_____About one pack per day
_____About one and one-half packs per day
_____Two packs or more per day

3. Have you ever had any beer, wine, or liquor to drink?

_____No-----GO TO QUESTION 6
_____Yes

4. On how many occasions have you had alcoholic beverages to drink...(mark one X for each question)

a. ...in your lifetime?.....
_____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

b. ...during the last 12 months?.....
_____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 cocasions
_____40 or more

c. ...during the last 30 days?.....
_____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

5. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink.)

_____None	_____Three to five times
_____Once	_____Six to nine times
_____twice	_____Ten or more times

6. On how many occasions (if any) have you used marijuana (grass,pot) or hashish (hash,hash oil)...
(Mark one X for each question)

a. ...in your lifetime?.....
_____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

b. ...during the last 12 months?....
_____0 occasions
_____1-2 occassions
_____3-5 occasions
_____6-9 occassions
_____10-19 occasions
_____20-39 occasions
_____40 or more

c. ...during the last 30 days?.....
_____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

7. On how many occasions (if any) have you used cocaine (sometimes called "coke")

a. ...in your lifetime?.....
_____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

b. ...during the last 12 months?....
_____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions

_____10-19 occasions
_____20-39 occasions
_____40 or more

c. ...during the last 30 days?..... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

8. On how many occasions (if any) have you used crack (rock)

a. ...in your lifetime?..... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

b. ...during the last 12 months?.... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-39 occasions
_____40 or more

c. ...during the last 30 days?..... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

9. On how many occasions (if any) have you used heroin (smack, horse, skag)

a. ...in your lifetime?..... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

b. ...during the last 12 months?.... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions

_____10-19 occasions
_____20-39 occasions
_____40 or more

c. ...during the last 30 days?..... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

10. On how many occasions (if any) have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high..

a. ...in your lifetime?..... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____ 40 or more

b. ...during the last 12 months?.... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

c. ...during the last 30 days?..... _____0 occasions
_____1-2 occasions
_____3-5 occasions
_____6-9 occasions
_____10-19 occasions
_____20-39 occasions
_____40 or more

11. When (if ever) did you first do each of the following things?

a. ...smoked cigarettes on a daily basis.... _____never
_____grade 6 below
_____grade 7 or 8
_____grade 9
_____grade 10
_____grade 11
_____grade 12

b. ...try an alcoholic beverage more than just a few sips.....
_____never
_____grade 6 or below
_____grade 7 or 8
_____grade 9
_____grade 10
_____grade 11
_____grade 12

c. ...try marijuana.....
_____never
_____grade 6 or below
_____grade 7 or 8
_____grade 9
_____grade 10
_____grade 11
_____grade 12

d. ...try cocaine.....
_____never
_____grade 6 or below
_____grade 7 or 8
_____grade 9
_____grade 10
_____grade 11
_____grade 12

e. ...try crack.....
_____never
_____grade 6 or below
_____grade 7 or 8
_____grade 9
_____grade 10
_____grade 11
_____grade 12

f. ...try heroin.....
_____never
_____grade 6 or below
_____grade 7 or 8
_____grade 9
_____grade 10
_____grade 11
_____grade 12

g. ...try inhalants.....
_____never
_____grade 6 or below
_____grade 7 or 8
_____grade 9
_____grade 10
_____grade 11
_____grade 12

12. The person who primarly suggested I use a substance was:

_____close friend (same sex) _____brother or sister

_____close friend (opposite sex)
_____parent
_____acquaintances
_____other

13. The majority of the time I use a substance (if any)

_____alone
_____with 1 or 2 others (same sex)
_____with 1 or 2 others (opposite sex)
_____with parents
_____with others

14. When would you most likely..

a. ...smoke cigarettes.....
_____never
_____usually when I'm alone
_____usually when I'm with close friends
_____usually with others

b. ...drink alcohol (beer,wine,liquor
_____never
_____usually when I'm alone
_____usually when I'm with close friends
_____usually with others

c. ...use marijuana (pot,grass).....
_____never
_____usually when I'm alone
_____usually when I'm with close friends
_____usually with others

d. ...use cocaine (coke).....
_____never
_____usually when I'm alone
_____usually when I'm with close friends
_____usually with others

e. ...use crack (rock).....
_____never
_____usually when I'm alone
_____usually when I'm with close friends
_____usually with others

f. ..use heroin.....
_____never
_____usually when I'm alone
_____usually when I'm with close friends
_____usually with others

g. ...use inhalents (sniff glue, gases, or aerosol sprays).....
_____never
_____usually when I'm alone
_____usually when I'm with close friends

_____usually with others

15. If you were at a party and a friend offered to share cigarettes with you, would you

....._____accept the offer
_____say no thanks
_____other

b. ...alcohol....._____accept the offer
_____say no thanks
_____other

c. ...marijuana....._____accept the offer
_____say no thanks
_____other

d. ...cocaine....._____accept the offer
_____say no thanks
_____other

e. ...crack....._____accept the offer
_____say no thanks
_____other

f. ..heroin....._____accept the offer
_____say no thanks
_____other

g. ...inhalants....._____accept the offer
_____say no thanks
_____other

16. How many of your friends would you estimate:

a. ...smoke cigarettes?....._____none
_____a few
_____some
_____most
_____all

b. ...smoke marijuana....._____none
_____a few
_____some
_____most
_____all

c. ...take cocaine....._____none
_____a few
_____some
_____most
_____all

d. ...smoke crack.....
_____none
_____a few
_____some
_____most
_____all

e. ...try heroin.....
_____none
_____a few
_____some
_____most
_____all

f. ...try inhalants.....
_____none
_____a few
_____some
_____most
_____all

g. ...drink alcoholic beverages.....
_____none
_____a few
_____some
_____most
_____all

h. .. get drunk at least once a week..
_____none
_____a few
_____some
_____most
_____all

17. How do you think your CLOSE FRIENDS feel (or would feel) about YOU doing each of the following things?

a. ...smoke one or more packs of cigarettes per day.....
_____not disapprove
_____disapprove
_____strongly disapprove

b. ...trying marijuana (pot,grass) once or twice.....
_____not disapprove
_____disapprove
_____strongly disapprove

c. ...smoking marijuana occassionaly..
_____not disapprove
_____disapprove
_____strongly disapprove

d. ...smoking marijuana regularly.....
_____not disapprove
_____disapprove
_____strongly disapprove

e. ...trying cocaine once or twice....
_____not disappprove

_____disapprove
_____strongly disapprove

f. ...trying crack once or twice.....
_____not disapprove
_____disapprove
_____strongly disapprove

g. ...taking one or two drinks nearly everyday.....
_____not disapprove
_____disapprove
_____strongly disapprove

h. ...taking four or five drinks nearly everyday.....
_____not disapprove
_____disapprove
_____strongly disapprove

i. ...having five or more drinks once or twice each weekend.....
_____not disapprove
_____disapprove
_____strongly disapprove

18. During the LAST 12 MONTHS, how often have you been around people who were taking each of the following to get high or for "kicks"?

a. Marjuana (pot, grass) or hashish.....
_____not at all
_____once or twice
_____occasionally
_____often

b. Crack (rock).....
_____not at all
_____once or twice
_____occasionally
_____often

c. Cocaine (coke).....
_____not at all
_____once or twice
_____occasionally
_____often

d. Heroin (smack,horse).....
_____not at all
_____once or twice
_____occasionally
_____often

e. Alcoholic beverages (beer, wine,liquor).
_____not at all
_____once or twice
_____occasionally
_____often

19. Reasons for using drugs (choose one only)

_____to keep awake and alert while working or studying
_____to relieve or escape home tension or school worries
_____to be more at ease, less self-conscious in a group
_____mostly for headaches
_____to feel with new body sensations or images

20. Reasons for using drugs (choose one only)

_____for fun, kicks or thrills
_____because friends are taking drugs
_____you have a doctor's prescription (for allergies, nerves, etc.)
_____for curiosity----want to find out what it's like

21. Reasons for using drugs (choose one only)

_____with drugs it's easier to express your feelings
_____drugs are a good way to change your mood
_____drugs are one way to rebel against adult authority
_____because of boredom----there is not much else to do
_____to be more creative----writing, music, thinking

22. On one or more occasions, I have taken drugs, mostly because people would have put me down if I hadn't.

_____true _____false

23. I don't believe much in planning for the future, life right now is the most important thing.

_____true _____false

24. I don't think my drug activities put me at risk for acquiring AIDS.

_____true _____false

25. Do you ever worry about the possibility that you might become addicted to drugs?

_____never
_____hardly ever
_____sometimes
_____often

ATLANTA UNIVERSITY
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(404) 653-8548

March 22, 1989

W. L. Cottrell, Pastor
Beulah Baptist Church
170 Griffin Street NW
Atlanta, Georgia 30314

Dear Pastor Cottrell:

I would like to express my appreciation and gratitude for allowing me to administer my questionnaire to the youth of your church.

I am collecting information from youth to obtain information for my thesis: Peer Pressure and It's Influence On the Adolescent Substance Abuser. It is very important to receive input from the youth and more importantly the black youth.

Please understand that confidentiality and anonymity will be assured. Names will not appear on the questionnaire and all questionaires will be destroyed upon completion of the study.

Thank you very much for your assistance.

Sincerely yours,

Wanda Gee

Wanda Gee
Graduate Student

cc: Arthur McClinton
Willie Austin

enclosure;

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April 13,1989

Dr. Tom McIntyre,
Principal, High School
Pace Academy
966 West Paces Ferry Rd. NW
Atlanta, Georgia 30327-2699

Dear Dr. McIntyre:

A note of thanks. I would like to thank you and your wonderful students for being so cooperative with me. Their participation was invaluable to my research thesis.

Everyone was warm, friendly, and an overall delight. Thank you for accepting me, and making me feel welcome.

I'd also like to share with you the results of my research. The null hypothesis: There is no relationship between peer pressure and adolescent substance abuse was accepted. Caution is suggested when making generalizations due to the small sample size. The substances most commonly abused were alcohol and cigarettes; while the most influential person in iniating initial use were close friends of the same sex.

If there is ever anytime that I can be of assistance, please don't hesitate to contact me. Again, thank you for your cooperation and assistance.

Sincerely,

Wanda Gee

Wanda Gee
Graduate Student

cc: Dr. Amos, Ajo
(Thesis Chairman)
Professor Naomi, Ward
(Educational Advisor)

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April 13,1989

Arthur McClinton,
Director of Youth Choir
Beulah Baptist Church
170 Griffin Street NW
Atlanta, Georgia 30314

Dear Mr. McClinton:

A note of thanks. I would like to thank you and your wonderful youth choir members for being so cooperative with me. Your participation was invaluable to my research thesis.

Everyone was warm, friendly, and an overall delight. Thank you for accepting me, and making me feel welcome.

I'd also like to share with you the results of my research. The null hypothesis: There is no relationship between peer pressure and adolescent substance abuse was accepted. Caution is suggested when making generalizations due to the small sample size. The substances most commonly abused were alcohol and cigarettes; while the most influential person in iniating initial use were close friends of the same sex.

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Sincerely,

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Reverand W.L. Cottrell, Pastor